FAX NO. 3835342

CULINARY WORKERS UNION LOCAL 2.7.6 Name (paint) Office (if applicable) Nome (paint) Office (if applicable) Office (if applicable) District (if applicable) Office (if applicable) No. 386-5130 Telephone No. Select Appropriate Box(es) CANDIDATE PAC CBAG POLPRTY NO EXP AMENDED ANNUAL FILING Annual Filling - Due January 15, 2004 Pened. January 1, 2003 - Obscorriber 31, 2003 Report #1 — Due August 31, 2004 Incumberits in an Office with a 4-year term Period. Jan 5, 2001 — Aug 26, 2004 All others Period: Jan. 1, 2004 - Aug. 26, 2004 All others Period: Jan. 1, 2004 - Aug. 26, 2004 All others	- A - A - A - A - A - A - A - A - A - A		
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Signature	and the second second	1/14/	0.5
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AMPAIGN CONTRIBUTIONS			t Period #		
ILINARY WORKERS UNION LOC ON (print)	AL 2,26 N/A ice (if applicable)		M/A- District (if applicable		
Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Amount of All Campaign Contributions to Line 3 of Contributions Summary					
CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERI IF LOAN		
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Report Period # 3

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Name (prior) Office (if applicable)

District (if applicable)

Expense Categories

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	В
Expenses related to travel	С
Expenses related to advertising	Ď
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	Н
** Goods and services provided in kind for which money would otherwise have been paid	l
Other miscellaneous expenses	J
Expenses related to NRS 294A.160 (Disposition of Unspent Contributions)	К

** NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.

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PAGE 3 OF 7

CAMPAIGN	EXPENSES			Report Period	#3	
Natrie (print)		Office (if applicable)	······································	મિલાહ (ઇ સંદ્ર	plicáblé)	

Expenses in Excess of \$100 Transfer Total Amount of All Campaign Expenses to Line 9 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (Sue Previous Page) NRS 204A 365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
CUSTOMI SOFTWAKE SYSTEMS, INC.	A	10/15/04	3,430,00 2,020,00 360,00
	A	11/30/04	1,460,00
WASHOE COUNTY VOTERS OFFICE DEPOT	A.	12/10/04	171.65
DOSTON PIZZA	В	10/25-104 10/25-104 10/25-104 11/3/04	115-144
MUTAL TRACTOR JOILTRY COMMUNICATIONS LAS YESAS SENTINEL	D	10/1/04	118 . 13 1,245 . 59 45,0005 . 00
CREAN ART LIFTOGRAPHY	D	10/9/04	5,054.35
PASSKEY SYSTEMS	D	9/30/04 9/30/04	1,250.06 35 1.47 3,410.22
	D	10/14/04	176.46 1337.69 1172.65
	D	10/18/01/	927.46 415-86 1688.75
	D	10/31/04 10/31/04	415.86 1688.75" 660.82
TIME FRINTING, INC.	D	9/3/04 9/27/04 9/28/04	107.50 1949.63 1000.29
	D	10/4/04	2834.41 4075-57 876.75-
V	D	10/11/04	1,371.97 1,548.18 986.82

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CAMPAIGN EXPENSES		Report Period	#_3
Janio (pilot)	Office (if applicable)	District (if any	الماران عالم

Expenses in Excess of \$100 Transfer Total Amount of All Campaign Expenses to Line 9 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (Suc Provides Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
TIME FRINTING, INC.	D	10/13/04	2,450.32 1,564.60 1,854.66
	D	10/23/04 10/27/04 10/27/04	3,857.07 1,131.57 435-34
	D	10/27/07	1, 810 · 8 2 717 · 2 2 · 450 · 32
MID STAFF	E	10/22/04 TO 12/31/04	112,078.67
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	Office (if app	L 226	District	1/1			
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IN KIND							
Contributions in Excess Transfer Total Value of	of \$100 or, When Add All In Kind Campaign	led Together from One Contributions to Line t	Contributor Exceeds of Contributions S	ls \$100 unimary			
ONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRIBUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION	CHECK HERE IF LOAN			
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IN KIND CAMPAIGN EXPENSES			Report Period #
CULINARY WORKERS UN	I/ON 1-OCAL 2 Office (II applicable)	26	District (if applicable
	IN KIND		
Ex Transfer Total Value of All In-Kir	penses in Excoss o nd Campaign Expens	of \$100 ses to Line 13 of E	xponses Summary
NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE
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